Louisiana Department of Education *Motorcycle Operator Training Courses*Summer-Fall 2006

Basic Rider Course

This **15-hour** course is designed for the beginning motorcycle operator with emphasis on the special skills and mental attitude necessary for navigating safely in traffic. Classroom instruction is followed by practical exercises which are usually divided into two sessions on Saturday and Sunday in a controlled, off-street environment. *Motorcycles used in Basic course may not exceed 550cc.* Includes MOM manual and student workbook.

Cost: \$25 + training m/c reservation fee \$75

Advanced Rider Course

This **5-hour** course is for the motorcyclist who wants to hone their mental and physical skills. The course involves cornering, braking and evasive maneuvering techniques using student owned motorcycles and discussion of street riding techniques. Street legal motorcycle & M/C endorsement required.

Cost: \$30 (includes participant handbook)

STATEWIDE SCHEDULE (All dates subject to revision)

Location & Instructor	July	August	September	October	November	December
Alexandria Huey Romero	Basic 21-23	Basic 25-27		Basic 27-29		Basic 15- 17
Baton Rouge Ed Patterson	Basic 21-23	Basic 4-6	Basic 15-17	Instructor Preparation 20-22 & 27-29	Basic 3-5 (IP)	Basic 1-3 Basic 16- 17
Hammond Ed Patterson	Basic 28-30	Basic 11-13	Basic 29-Oct 1		Basic 17-19	
Lafayette <i>Huey Romero</i>	Basic 7-9	Basic 4-6 Basic 18-20	Basic 8-10 Basic 29-Oct 1	Basic 20-22	Basic 10-12	Basic 8-10
Shreveport Philip Underhill	Basic 21-23	Basic 11-13	Basic 22-24	Basic 22-29	Basic 10-12	Basic 1-3
Thibodaux Antoine Rodrigue	Basic 7-9	Basic 11-13	Basic 15-17	Basic 6-8	Basic 10-12	Basic 1-3
W. Monroe Mike Gerald	Basic 13, 15-16	Basic 17, 19-20	Basic 14, 16-17	Basic 19, 21-22	Basic 16, 18-19	Basic 14, 16-17

*NOTE: Once a student is assigned to a requested course, submitted fees are NON-REFUNDABLE unless the course has been cancelled by the Louisiana Department of Education

- + All students participating in range activities must wear the following:
 - Motorcycle helmet (DOT certified minimum) & eye protection
 - Long sleeves, long pants, boots & gloves (full fingered)

Instructor	Training site(s)	Phone #	Email address
Huey Romero	Alexandria & Lafayette	337-856-6613	<u>HueyR@cox.net</u>
Ed Patterson	Baton Rouge & Hammond	225-756-4731	Edsmailbox@usa.net
Philip Underhill	Shreveport	225-304-0765	<pre>eurobiker@cox.net</pre>
Antoine Rodrigue	Thibodaux	985-447-1530	<pre>antoinerodrigue@charter.net</pre>
Mike Gerald	West Monroe	318-513-2988	Mbgerald@peoplepc.com

See our Web site at <u>www.Louisianaschools.net</u> Hotline 1-877-453-2721 **Louisiana Motorcycle Safety, Awareness and Operator Training Program**

LA. DEPT OF EDUCATION MOTORCYCLE OPERATOR TRAINING COURSES Summer-Fall 2006 Course Application *Any motorcycle used in the BASIC course can be in the course type (check one)

1. Select course type (check on Basic course \$100		*Any motorcycle used in the larger than 550cc in dispersonally owned motorcycles must have an m/c endorsement	lacement. Operators of any used in either type of course ent on their license and the			
*Basic course \$25 (using part of the state o	All students and an 10 mans of one will marries man					
2. Select the course <u>location &</u> assigned to a course depending on avaifilled you will be contacted for an alternassigned to a requested course, submitted Department of Education.	lable space at the time nate date choice or your	the application is received by the application will be returned. *N	e instructor. If all choices are NOTE: Once a student is			
Location (check) Date (from sched	dule) Lo	ocation (check) Date (from s	chedule)			
Alexandria 1st choice		Shreveport 1st choice				
Lafayette 2 nd choice		Shreveport 1 st choice W. Monroe 2 nd choice Thibodaux 3 rd choice				
Baton Rouge 3 rd choice		Thibodaux 3 rd choice				
Personal checks wi	(middle)					
		Zip Phone#(s) _				
Email address(s)		Money order (co. name & #) _				
Do you currently own a motor	cycle? No 🗌 Yes 🗀	If yes (Brand and model) _				
Bicycle riding skills are mand	atory for participation.	Have you ridden a bicycle rec	ently? Yes 🗌 No 🗌			
	Long sleeves [DOT cert.) Eye protection Long pants nt of rain). Pen or pencil for cl	☐ Boots ☐ (over ankle)			
5. Request confirmation by: I US		l email address(s) above contain a self addressed <u>STAMPED e</u>				
6. MAIL application & waiver	′	11 1				
Location	Instructor	Mailing				
Alexandria & Lafayette Baton Rouge & Hammond	Huey Romero Ed Patterson	PO Box 151, Youngsvi PO Box 2162, Baton R				
Shreveport	Philip Underhill	9743 Cal Rd, Baton R	O ,			
Thibodaux	Antoine Rodrigue	494 Fredrick Dr., Thil				
West Monroe	Mike Gerald	1410 E. Mississippi Av	· ·			
7 Signatura:						
7. Signature: I have read and understand in its entirety	y the information presen	ted here and I affirm that the inf	formation that I have			
submitted is correct and to my satisfact	ion.					
DOE use only: Course assignment	Date	Location				

MS3 Rev: January 2006

Louisiana Department of Education Motorcycle Safety, Awareness and Operator Training Program

Motorcycle Operator Training Course Student Waiver and Release Form

This form must be completed, signed and given to your instructor before you begin the motorcycle operator training course. Participants under the age of 18 years must have signed approval of a parent or legal guardian to participate in this motorcycle safety course. NAME: (First) HOME ADDRESS: ___(Street) (City) TELEPHONE NUMBER: (___) DATE OF BIRTH: DR. LIC. # _____ STATE ____ SOC.SEC.NO: Do you have, as far as you know, any physical or mental condition(s) that would interfere with your ability to operate a motorcycle safely? Yes____ No___ If yes, list the condition(s) _____ RELEASE, WAIVER, AND INDEMNIFICATION The undersigned participant and his or her parent or legal guardian, if the participant is under the age of 18 years, does (do) hereby execute this release, waiver, and indemnification for himself (herself) (themselves), and his (her) (their) heirs, successors, representatives and assigns; and hereby agree(s) and represent(s) as follows: To release the Louisiana State Department of Education, its members, employees, agents, representatives, and those governmental agencies and other organizations affiliated with this course from any and all liability, loss, damage, costs, claims, and/or causes of action, including but not limited to all bodily injuries, death and property damage arising out of participation in the motorcycle operator training course referred to above, it being specifically understood that said course includes the operation and use by the undersigned participant and others of motorcycles. The undersigned further agree(s) to indemnify the Louisiana State Department of Education, its employees, members, agents, representatives, and those governmental agencies and other organizations affiliated with this course, and hold them harmless for any liability, loss, damage, cost, claim, judgment, or settlement that may be brought or entered against them as a result of the undersigned's participation in said course. This indemnification shall include attorney's fees incurred in defending against any claim or judgment and incurred in negotiating any settlement. It is understood that the requested information is true and correct and agreed that the undersigned shall have the opportunity to consent to any such settlement, provided, however, that such consent shall not be unreasonably, withheld. It is further understood that course fees submitted to the Louisiana Department of Education are non-refundable. Participant birth-date verified by instructor Yes No Signature of participant / parent or guardian) (Signature of parent or legal guardian is required above if participant is under the age of 18 years. If parent/guardian cannot Instructor Signature Date sign in the instructor's presence, complete the affidavit below) Date __ Relationship Telephone (H) **AFFIDAVIT** (Registration for minors only when parents are not present) (Parent or legal guardian of student) have read the release, waiver, and indemnification statement on this form. I do hereby grant permission for ______, age ____, who is my _____to enroll and participate in the motorcycle operator training course as conducted by the Department of Education. SUBSCRIBED AND SWORN BEFORE ME THIS DAY OF , 20 .

City

State

Zip

Parish

Notary Public (Type or print)

Notary Public (Signature)